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10 **BEFORE THE**
11 **BOARD OF PSYCHOLOGY**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 600-2021-000368

15 **DONALD M. GOODMAN, Ph.D.**

16 **123 Hodencamp Road, Suite 103**
Thousand Oaks, California 91360-5896

A C C U S A T I O N

17 **Psychologist License No. 22613,**

18 Respondent.

19
20
21 **PARTIES**

22 1. Antonette Sorrick (Complainant) brings this Accusation solely in her official capacity
23 as the Executive Officer of the Board of Psychology (Board).

24 2. On April 3, 2009, the Board issued Psychologist License Number PSY 22613 to
25 Donald M. Goodman, Ph.D. (Respondent). That license was in full force and effect at all times
26 relevant to the charges brought herein and will expire on February 28, 2025, unless renewed.

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1 7. Section 2960.1 of the Code states:

2 Notwithstanding Section 2960, any proposed decision or decision issued under
3 this chapter in accordance with the procedures set forth in Chapter 5 (commencing
4 with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that
5 contains any finding of fact that the licensee or registrant engaged in any act of sexual
6 contact, as defined in Section 728, when that act is with a patient, or with a former
7 patient within two years following termination of therapy, shall contain an order of
8 revocation. The revocation shall not be stayed by the administrative law judge.

9 8. Section 726 of the Code states:

10 (a) The commission of any act of sexual abuse, misconduct, or relations with a
11 patient, client, or customer constitutes unprofessional conduct and grounds for
12 disciplinary action for any person licensed under this or under any initiative act
13 referred to in this division.

14 (b) This section shall not apply to consensual sexual contact between a licensee
15 and his or her spouse or person in an equivalent domestic relationship when that
16 licensee provides medical treatment, to his or her spouse or person in an equivalent
17 domestic relationship.

18 9. Section 728 of the Code states, in pertinent part:

19 ...

20 (b) Failure to comply with this section constitutes unprofessional conduct.

21 (c) For the purpose of this section, the following definitions apply:

22 ...

23 (B) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section
24 2900).

25 ...

26 (2) "Sexual behavior" means inappropriate contact or communication of a
27 sexual nature. "Sexual behavior" does not include the provision of appropriate
28 therapeutic interventions relating to sexual issues.

 (3) "Sexual contact" means the touching of an intimate part of another person.

 (4) "Intimate part" and "touching" have the same meanings as defined in
subdivisions (g) and (e), respectively, of Section 243.4 of the Penal Code.

10. Section 729 of the Code states, in pertinent part:

 (a) Any physician and surgeon, psychotherapist, alcohol and drug abuse
counselor or any person holding himself or herself out to be a physician and surgeon,
psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual
intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or
with a former patient or client when the relationship was terminated primarily for the
purpose of engaging in those acts, unless the physician and surgeon, psychotherapist,

1 or alcohol and drug abuse counselor has referred the patient or client to an
2 independent and objective physician and surgeon, psychotherapist, or alcohol and
3 drug abuse counselor recommended by a third-party physician and surgeon,
4 psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual
5 exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse
6 counselor.

7 ...

8 For purposes of subdivision (a), in no instance shall consent of the patient or
9 client be a defense. However, physicians and surgeons shall not be guilty of sexual
10 exploitation for touching any intimate part of a patient or client unless the touching is
11 outside the scope of medical examination and treatment, or the touching is done for
12 sexual gratification.

13 (c) For purposes of this section:

14 (1) "Psychotherapist" has the same meaning as defined in Section 728.

15 ...

16 (3) "Sexual contact" means sexual intercourse or the touching of an intimate
17 part of a patient for the purpose of sexual arousal, gratification, or abuse.

18 (4) "Intimate part" and "touching" have the same meanings as defined in
19 Section 243.4 of the Penal Code.

20 ...

21 11. Section 2919 of the Code states:

22 A licensed psychologist shall retain a patient's health service records for a
23 minimum of seven years from the patient's discharge date. If the patient is a minor,
24 the patient's health service records shall be retained for a minimum of seven years
25 from the date the patient reaches 18 years of age.

26 12. Section 2936 of the Code states, in pertinent part:

27 The board shall adopt a program of consumer and professional education in
28 matters relevant to the ethical practice of psychology. The board shall establish as its
standards of ethical conduct relating to the practice of psychology, the 'Ethical
Principles and Code of Conduct' published by the American Psychological
Association (APA). Those standards shall be applied by the board as the accepted
standard of care in all licensing examination development and in all board
enforcement policies and disciplinary case evaluations...

29 REGULATORY PROVISIONS

30 13. California Code of Regulations, title 16, section 1394, states, in pertinent part:

31 For the purposes of denial, suspension, or revocation of a license or
32 registration pursuant section 141 or Division 1.5 (commencing with section 475) of
33 the Code, or sections 2960 or 2960.6 of the Code, a crime, professional misconduct,
34 or act shall be considered to be substantially related to the qualifications, functions, or

1 duties of a person holding a license or registration under the Psychology Licensing
2 Law (Chapter 6.6 of Division 2 of the Code), if to a substantial degree it evidences
3 present or potential unfitness of a person holding a license or registration to perform
the functions authorized by the license or registration, or in a manner consistent with
the public health, safety, or welfare.

4 (a) In making the substantial relationship determination required under
subdivision (a) for a crime, the board shall consider the following criteria:

- 5 (1) The nature and gravity of the offense;
6 (2) The number of years elapsed since the date of the offense; and
7 (3) The nature and duties of the profession in which the applicant seeks licensure or
in which the licensee is licensed.
8 (b) For purposes of subdivision (a), substantially related crimes, professional
misconduct, or acts shall include, but are not limited to, the following:
9 (1) Violating or attempting to violate, directly or indirectly, or assisting in or abetting
the violation of or conspiring to violate any provision or term of the Psychology
10 Licensing Law.

11 ...

12 14. California Code of Regulations, title 16, section 1396.1, states:

13 It is recognized that a psychologist's effectiveness depends upon his or her
14 ability to maintain sound interpersonal relations, and that temporary or more enduring
15 problems in a psychologist's own personality may interfere with this ability and
16 distort his or her appraisals of others. A psychologist shall not knowingly undertake
17 any activity in which temporary or more enduring personal problems in the
psychologist's personality integration may result in inferior professional services or
harm to a patient or client. If a psychologist is already engaged in such activity when
becoming aware of such personal problems, he or she shall seek competent
professional assistance to determine whether services to the patient or client should be
continued or terminated.

18 **AMERICAN PSYCHOLOGICAL ASSOCIATION ETHICAL**
19 **PRINCIPLES**

20 15. The *Ethical Principles of Psychologists and Code of Conduct*, at Section 3.05,
21 referencing "Multiple Relationships," states:

22 (a) A multiple relationship occurs when a psychologist is in a professional role
23 with a person and (1) at the same time is in another role with the same person, (2) at
24 the same time is in a relationship with a person closely associated with or related to
the person with whom the psychologist has the professional relationship, or (3)
promises to enter into another relationship in the future with the person or a person
closely associated with or related to the person.

25 A psychologist refrains from entering into a multiple relationship if the multiple
26 relationship could reasonably be expected to impair the psychologist's objectivity,
27 competence, or effectiveness in performing his or her functions as a psychologist, or
otherwise risks exploitation or harm to the person with whom the professional
28 relationship exists.

1 Multiple relationships that would not reasonably be expected to cause
2 impairment or risk exploitation or harm are not unethical.

3 (b) If a psychologist finds that, due to unforeseen factors, a potentially harmful
4 multiple relationship has arisen, the psychologist takes reasonable steps to resolve it
5 with due regard for the best interests of the affected person and maximal compliance
6 with the Ethics Code.

7 (c) When psychologists are required by law, institutional policy, or
8 extraordinary circumstances to serve in more than one role in judicial or
9 administrative proceedings, at the outset they clarify role expectations and the extent
10 of confidentiality and thereafter as changes occur.

11 16. The *Ethical Principles of Psychologists and Code of Conduct*, Section 3.08,
12 referencing "Exploitative Relationships," states:

13 Psychologists do not exploit persons over whom they have supervisory,
14 evaluative or other authority such as clients/patients, students, supervisees, research
15 participants, and employees.

16 17. The *Ethical Principles of Psychologists and Code of Conduct*, Section 6.01,
17 referencing "Documentation of Professional and Scientific Work and Maintenance of Records,"
18 states:

19 Psychologists create, and to the extent the records are under their control,
20 maintain, disseminate, store, retain, and dispose of records and data relating to their
21 professional and scientific work in order to (1) facilitate provision of services later by
22 them or by other professionals, (2) allow for replication of research design and
23 analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and
24 payments, and (5) ensure compliance with law.

25 18. The *Ethical Principles of Psychologists and Code of Conduct*, Section 3.10,
26 referencing "Informed Consent," states:

27 (a) When psychologists conduct research or provide assessment, therapy,
28 counseling, or consulting services in person or via electronic transmission or other
forms of communication, they obtain the informed consent of the individual or
individuals using language that is reasonably understandable to that person or persons
except when conducting such activities without consent is mandated by law or
governmental regulation or as otherwise provided in this Ethics Code. (See also
Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in
Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent,
psychologists nevertheless (1) provide an appropriate explanation, (2) seek the
individual's assent, (3) consider such persons' preferences and best interests, and (4)
obtain appropriate permission from a legally authorized person, if such substitute
consent is permitted or required by law. When consent by a legally authorized person
is not permitted or required by law, psychologists take reasonable steps to protect the

individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent.

19. The *Ethical Principles of Psychologists and Code of Conduct*, Section 10.05, referencing "Sexual Intimacies with Current Therapy Clients/Patients," states:

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

20. The *Ethical Principles of Psychologists and Code of Conduct*, Section 10.10, referencing "Terminating Therapy," states:

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

21. The American Psychological Association Committee on Professional Practice and Standards, Board of Professional Affairs Record Keeping Guidelines state:

Based on various provisions in the Ethics Code, in decision making about content of records, a psychologist may determine what is necessary in order to (a) provide good care; (b) assist collaborating professionals in delivery of care; (c) ensure continuity of professional services in case of the psychologist's injury, disability, or death or with a change of provider; (d) provide for supervision or training if relevant; (e) provide documentation required for reimbursement or required administratively under contracts or laws; (f) effectively document any decision making, especially in high-risk situations; and (g) allow the psychologist to effectively answer a legal or regulatory complaint.

PENAL CODE SECTIONS

22. Section 243.4, subsection (e)(2) of the California Penal Code section states:

1 As used in this subdivision, "touches" means physical contact with another
2 person, whether accomplished directly, through the clothing of the person committing
3 the offense, or through the clothing of the victim.

4 23. Section 243.4, subsection (g)(1) of the California Penal Code states:

5 "Intimate part" means the sexual organ, anus, groin, or buttocks of any person,
6 and the breast of a female.

7 EVIDENCE CODE SECTIONS

8 24. Section 1010, subsection (f), of the California Evidence Code states:

9 As used in this article, "psychotherapist" means a person who is, or is
10 reasonably believed by the patient to be:

11 ...

12 (f) A person registered as a registered psychological associate who is under the
13 supervision of a licensed psychologist as required by Section 2913 of the Business
14 and Professions Code, or a person registered as an associate marriage and family
15 therapist who is under the supervision of a licensed marriage and family therapist, a
16 licensed clinical social worker, a licensed professional clinical counselor, a licensed
17 psychologist, or a licensed physician and surgeon certified in psychiatry, as specified
18 in Section 4980.44 of the Business and Professions Code.

19 25. Section 1011, of the California Evidence Code states:

20 As used in this article, "patient" means a person who consults a psychotherapist
21 or submits to an examination by a psychotherapist for the purpose of securing a
22 diagnosis or preventive, palliative, or curative treatment of his mental or emotional
23 condition or who submits to an examination of his mental or emotional condition for
24 the purpose of scientific research on mental or emotional problems.

25 COST RECOVERY

26 26. Section 125.3 of the Code states:

27 (a) Except as otherwise provided by law, in any order issued in resolution of a
28 disciplinary proceeding before any board within the department or before the
Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
administrative law judge may direct a licensee found to have committed a violation or
violations of the licensing act to pay a sum not to exceed the reasonable costs of the
investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership,
the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where
actual costs are not available, signed by the entity bringing the proceeding or its
designated representative shall be prima facie evidence of reasonable costs of
investigation and prosecution of the case. The costs shall include the amount of

1 investigative and enforcement costs up to the date of the hearing, including, but not
2 limited to, charges imposed by the Attorney General.

3 (d) The administrative law judge shall make a proposed finding of the amount
4 of reasonable costs of investigation and prosecution of the case when requested
5 pursuant to subdivision (a). The finding of the administrative law judge with regard
6 to costs shall not be reviewable by the board to increase the cost award. The board
7 may reduce or eliminate the cost award, or remand to the administrative law judge if
8 the proposed decision fails to make a finding on costs requested pursuant to
9 subdivision (a).

10 (e) If an order for recovery of costs is made and timely payment is not made as
11 directed in the board's decision, the board may enforce the order for repayment in any
12 appropriate court. This right of enforcement shall be in addition to any other rights
13 the board may have as to any licensee to pay costs.

14 (f) In any action for recovery of costs, proof of the board's decision shall be
15 conclusive proof of the validity of the order of payment and the terms for payment.

16 (g)(1) Except as provided in paragraph (2), the board shall not renew or
17 reinstate the license of any licensee who has failed to pay all of the costs ordered
18 under this section.

19 (2) Notwithstanding paragraph (1), the board may, in its discretion,
20 conditionally renew or reinstate for a maximum of one year the license of any
21 licensee who demonstrates financial hardship and who enters into a formal agreement
22 with the board to reimburse the board within that one-year period for the unpaid
23 costs.

24 (h) All costs recovered under this section shall be considered a reimbursement
25 for costs incurred and shall be deposited in the fund of the board recovering the costs
26 to be available upon appropriation by the Legislature.

27 (i) Nothing in this section shall preclude a board from including the recovery
28 of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in
that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

(k) Notwithstanding the provisions of this section, the Medical Board of
California shall not request nor obtain from a physician and surgeon, investigation
and prosecution costs for a disciplinary proceeding against the licensee. The board
shall ensure that this subdivision is revenue neutral with regard to it and that any loss
of revenue or increase in costs resulting from this subdivision is offset by an increase
in the amount of the initial license fee and the biennial renewal fee, as provided in
subdivision (e) of Section 2435.

27. Section 2964.6 of the Code states:

An administrative disciplinary decision that imposes terms of probation may
include, among other things, a requirement that the licensee who is being placed on
probation pay the monetary costs associated with monitoring the probation.

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FACTUAL ALLEGATIONS

28. On or about April 23, 2021, the Board received a complaint from the legal representative of Kaiser Permanente. The complaint included a civil lawsuit filed by Patient 1¹ against Respondent. The complaint included numerous allegations of unprofessional conduct, including professional negligence, intentional infliction of emotional distress, battery, breach of fiduciary duty, sexual harassment, negligence per se, sexual battery, and sexual abuse by a therapist.

29. The records provided to the Board of Psychology indicate that Patient 1 was referred to Respondent through her insurance carrier, Kaiser Permanente. Patient 1 began treatment with Respondent on or about December 13, 2017. Respondent terminated therapy with Patient 1 on or about September 28, 2019.

30. The complaint was investigated and the information obtained was submitted for review to an expert consultant board certified in forensic psychology.

31. The Board's expert consultant reviewed materials including but not limited to records submitted by the Board, the Kaiser complaint, the Investigator's report, Patient 1's notes and summary of the complaint, screenshots of Patient 1's e-mails and texts with Respondent, Los Angeles Superior Court Documents and Insurance Settlement regarding the \$85,000 settlement of a Civil Complaint, e-mails between the Board and the parties, the Investigator's interviews with Patient 1 and the Respondent, Respondent's psychological records for Patient 1, and Respondent's Letter of Termination.

32. According to the complaint, Patient 1 reported that Respondent had engaged in inappropriate and unprofessional conduct, which included sexual contact. Specifically, Patient 1 alleged that Respondent hugged her without her consent, repeatedly "touching me in an intimate and sexual manner."

33. Patient 1 alleged that Respondent used "excessive force" during one of his hugs, which resulted in physical bruising.

¹ To protect the privacy of the patients and witnesses involved, patient and witness names have not been included in this pleading. Patients and witnesses are referred to by number to protect their privacy.

34. Patient 1 alleged that during the course of therapy, Respondent was “touching my butt, pressing himself tightly against me, embracing me for extended periods of time (around 20 seconds) kissing my cheek and hair, putting his hand under my shirt.....asking me to take off my bra and watched as I did, commenting on my breasts, as well as inquiring about my sexual fantasies.”

35. Patient 1 alleged that Respondent “placed his hand under Patient 1’s blouse and touched Patient 1’s breasts.”

36. Patient 1 alleged professional boundary violations, including Respondent asking for and receiving gifts and disclosing personal information about himself and other patients.

37. Patient 1 alleged that Respondent terminated therapy without an adequate plan or notice.

38. Respondent denied any sexual contact between himself and Patient 1. Respondent acknowledged that he hugged Patient 1 but said the hugs were "very few." Respondent stated that the patient asked for the hugs and that he "reluctantly acquiesced now and then."

39. Respondent disclosed he had texted Patient 1 but said that all of the texts were “professional in nature.”

40. Respondent admitted to giving his records of Patient 1's treatment with him to Patient 1 without making any copies.

41. Respondent denied any unprofessional conduct during the entire course of his treatment with Patient 1.

Ethical Violations

Sexual Misconduct/Behavior with a Patient

42. Sexual contact of any kind between a therapist and a client is unethical and illegal in the State of California. Sexual contact is defined as “inappropriate contact or communication of a sexual nature.” The *Ethical Principles of Psychologists and Code of Conduct* (EPPCC)² Section 10.05 states, under “Sexual Intimacies with Current Therapy Clients/Patients” that

² American Psychological Association. (2017). *Ethical Principles of Psychologists and Code of Conduct* (2002, amended effective June 1, 2010, and January 1, 2017). <http://www.apa.org/ethics/code/index.html>.

1 “Psychologists do not engage in sexual intimacies with current therapy clients/patients.”

2 43. It is never appropriate to engage in sexual intimacies with a current patient.

3 44. Such actions can lead to an easing of professional boundaries that may result in
4 unethical multiple relationships.

5 45. The ethical obligation to avoid sexual intimacies with clients/patients lies solely with the
6 therapist, not with the client/patient.

7 46. Any sexual intimacy between psychologists and clients/patients represents a violation
8 of this standard regardless of whether clients/patients initiated sexual contact or voluntarily or
9 involuntarily responded to therapists' overtures.

10 47. Patients depend on psychologists to only take actions that promote their best interests.
11 As a result of the nature of the professional relationship, psychologists' relative power in relation
12 to the clients' vulnerability, client's trust of psychologists, and the inevitable harm that results
13 from sexually intimate relationships between client and psychologist, it is simply never
14 appropriate to have sexual contact of any kind with current patients.

15 48. Even if the actions were initiated by the patient, and even if the therapist is
16 emotionally or sexually attracted to the patient, it is never appropriate to act out those feelings or
17 engage in this type of behavior.

18 49. Patient 1's records show that she became Respondent's patient on December 13,
19 2017, and Respondent at all times identified himself as Patient 1's psychologist and treatment
20 provider.

21 50. During Patient 1's treatment period, Respondent engaged in the following
22 inappropriate sexual contact/communication with Patient 1:

23 a. Patient 1 alleged that the Respondent began engaging in inappropriate contact by
24 initiating hugs.

25 b. Patient 1 alleged that Respondent's physical contact became sexual when
26 Respondent “. . . would press his penis against me, and I could feel his erection,
27 and he would -- he would stick his hand, um, he would stick his hand on my butt,
28 and he would even stick it partially down my pants. . .”

- 1 c. Patient 1 alleged that Respondent “. . . asked me if I wanted to show him my
2 lingerie, and I said yes. And he -- I lifted up my shirt and he watched me lift up
3 my shirt so that I could show him my lingerie, and he just stood there and
4 watched. . .”
- 5 d. Patient 1 alleged that “. . . I said, um, "My bra's hurting me and he said You can
6 take it off. . .”
- 7 e. Patient 1 alleged that when Respondent hugged Patient 1 “. . . he'd give me full
8 body hugs, and, um, he would tell me he could feel my breasts or he say, "You're
9 not wearing a bra. . .”
- 10 f. Patient 1 alleged that Respondent “. . . would kiss his mouth on my hair.”
- 11 g. Patient 1 alleged that Respondent placed his hand under her blouse “At least four
12 or five times. And he said he wouldn't do it, but he would, he'd slip his hands
13 right up under here. . .”

14 51. The above conduct constitutes extreme departures from the standard of care.

15 **Improper Multiple Relationship/Multiple Boundary Violations**

16 52. EPPCC Section 3.05, referencing “Multiple Relationships,” requires a psychologist
17 to refrain from entering into a multiple relationship if the multiple relationship could reasonably
18 be expected to impair the psychologist's objectivity, competence, or effectiveness in performing
19 his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with
20 whom the professional relationship exists.

21 53. Psychologists who engage in excessive or problematic self-disclosure can potentially
22 violate professional ethics. Self-disclosure during therapy should only occur for the benefit of the
23 patient and generally for a valid therapeutic reason. Self-disclosure done by the therapist that is
24 excessive, seductive, exploitative, or one that benefits the therapist (i.e., the therapist wishes to
25 unburden himself to deal with his/her own personal issues) can be unethical.

26 54. It is exploitative and unethical to self-disclose if the therapist is using that self-
27 disclosure to get their own needs met by the client.

28 55. Intentional self-disclosure may be unethical when it becomes a boundary violation. A

1 boundary violation is a departure from the typical standard of practice and may have the effect of
2 harming the patient. For example, a therapist's self-disclosure of his intimate personal details that
3 was not done for the benefit of the patient would be considered exploitative. If a therapist uses a
4 patient for personal gain or personal gratification, this will violate the above principle and
5 constitute a boundary violation.

6 56. A boundary violation occurs when psychologists share personal information with
7 clients/patients, to satisfy their own needs. There does not appear to be any definitive therapeutic
8 reason for such self-disclosure, other than to satisfy the needs of the therapist.

9 57. Maintaining professional boundaries is integral to the ethical and professional
10 practice of psychology. If the psychologist blends the professional relationship with another,
11 personal one it has the potential to destroy the therapeutic alliance between the therapist and the
12 patient as well as to taint future therapeutic interactions.

13 58. During Patient 1's treatment period Respondent engaged in serious, repeated
14 boundary violations with Patient 1:

- 15 a. Patient 1 alleged that Respondent disclosed personal and intimate details of his
16 sexual life with Patient 1.
- 17 b. Patient 1 alleged that Respondent discussed his personal medical history.
- 18 c. Patient 1 provided texts that showed Respondent explicitly asked for gifts.
- 19 d. Patient 1 provided texts that showed Respondent requested and received bracelets
20 made for Respondent.
- 21 e. Patient 1 provided texts that showed Respondent asked Patient 1 if she knew "...
22 someone that can transfer my cassettes to cd at a good price and mix to good
23 quality at the same time. [sic]"
- 24 f. Patient 1 provided texts that showed Respondent that he was undergoing a
25 colonoscopy and that "... he has only one pollup. [sic]"
- 26 g. Patient 1 alleged that Respondent discussed intimate details of his past sexual
27 behavior with her, such as "... having sex on a piano."
- 28 h. Patient 1 alleged that Respondent agreed to supervise Patient 1 in a professional

1 setting while she ran therapeutic groups in a text message when he said, "Yes!! I
2 will of course supervise you butt [sic] I have a couple stipulations, do you help me
3 respect the boundaries and no more cutting."

4 59. The above conduct constitutes serious boundary violations and extreme departures
5 from the standard of care.

6 **Failure To Maintain Patient Records**

7 60. EPPCC Section 6.01, which requires psychologists to create, maintain, disseminate,
8 store, retain, and dispose of records relating to their professional work, and Code section 2919,
9 which requires a licensed psychologist to retain a patient's health service records for a minimum
10 of seven years from the patient's discharge date, create legal and ethical obligations to maintain
11 patient records.

12 61. Respondent admitted he gave Patient 1's entire chart and treatment notes of Patient
13 1's approximately two years of therapy directly to the client without keeping a copy. The records
14 Respondent released without retaining a copy contained extensive information necessary for
15 documentation of the treatment provided to Patient 1 and would have ensured the continuity of
16 care.

17 62. Respondent's failure to maintain records of all of Patient 1's therapy sessions for the
18 requisite amount of time violates the established standard of care and constitutes an extreme
19 departure from the standard of care.

20 **Failure To Properly Terminate the Therapeutic Relationship**

21 63. EPPCC Section 10.10 requires a therapist to ensure the process of terminating a
22 patient's therapy is consistent with the patient's best interest. The termination of therapy is
23 considered a process rather than one specific event. The therapist is ethically obligated to
24 participate in pre-termination counseling before ending the therapeutic relationship.

25 64. EPPCC Section 3.10, referencing informed consent, requires that during the process
26 of terminating therapy the therapist use language that is reasonably understandable to the patient
27 in order to communicate with the patient.

28 65. Respondent terminated Patient 1's therapy after approximately two years of therapy.

1 At the end of Patient 1's appointment on or about September 28, 2019, Respondent told Patient 1
2 that he was terminating all of his patients, including her. Later, the Respondent provided a
3 termination letter to Patient 1. Respondent's termination letter indicates that he decided to cancel
4 all future appointments with Patient 1, states his reasons for termination in the letter, and includes
5 three referrals to different therapists.

6 66. Providing referrals to different therapists upon termination of a patient's therapy is
7 not ethically sufficient to fulfill EPPCC Standard 10.10.

8 67. Termination is generally considered a process rather than one specific event. A
9 therapist has an ethical obligation to participate in the process of pre-termination counseling prior
10 to ending the therapeutic relationship. Pre-termination counseling can include providing the
11 patient with advance notice of the end date of the therapy, reviewing the gains made in treatment
12 with the patient, considering potential future treatment issues with the patient, and offering
13 referrals to other treatment providers. Respondent's records do not detail a process of
14 termination. Respondent's records do not detail the use of language that is reasonably
15 understandable to the patient in order to communicate with the patient.

16 68. If termination is unilateral, the therapist has an ethical obligation to document the
17 reason for ending the therapy and use the ethically appropriate and clinically necessary steps to
18 address the patient's future needs. The respondent's provision of three referrals to Patient 1 in a
19 letter is not sufficient to satisfy the ethical and clinically necessary steps required.

20 69. American Psychological Association Ethics Standard 10.10 discusses the standard of
21 care regarding the therapist's duty to provide informed consent and pre-termination counseling to
22 the patient. The duty of informed consent requires that the patient be informed ahead of time
23 when termination will occur, under what circumstances, the offer of a series of counseling
24 sessions, and appropriate referrals.

25 70. Patient 1's therapy lasted approximately two years. Respondent's conduct in stating
26 at the end of Patient 1's therapy session that he was terminating Patient 1's therapy with no
27 previous discussion, and thereafter providing Patient 1 with a letter that contained three referrals,
28 and failing to provide pre-termination counseling violates the standard of care.

71. The respondent has no documentation regarding the termination session. Documentation is a key component of termination structure and competence and verifies that a clinically and ethically appropriate process has occurred. The letter Respondent provided to Patient 1 is inadequate to satisfy Respondent's ethical obligations for an informed consent during a patient's termination process. Respondent's failure to properly document Patient 1's termination is an extreme departure from the standard of care.

72. Respondent's failure to properly terminate Patient 1 in an ethical manner by failing to engage in appropriate pre-termination counseling as required by the EPPCC is a violation of the established standard of care and constitutes an extreme departure from the standard of care.

FIRST CAUSE FOR DISCIPLINE

(Sexual Exploitation of a Patient)

73. Respondent has subjected his Psychologist License No. 22613 to disciplinary action under section 2960 of the Code, as defined by section sections 726, subdivision (a), and 729 of the Code, in that he engaged in sexual exploitation of a patient during the psychologist-patient relationship.

74. Complainant refers to and, by this reference, incorporates herein, paragraphs 28-41, and 42-51, above, as though fully set forth herein.

75. The American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (2002) and Amendments (2010 and 2017) set forth the relevant standard of care and rules for the profession of psychology, and have been adopted by the Board.

76. *Ethical Principles of Psychologists and Code of Conduct*, Section 10.05 Sexual Intimacies with Current Therapy Clients/Patients, states "Psychologists do not engage in sexual intimacies with current therapy clients/patients."

77. Respondent's repeated conduct with Patient 1 which included hugs, pressing his erect penis against Patient 1, requests for Patient 1 to show him her lingerie, kissing Patient 1's hair, and placing his hand under Patient 1's blouse constitutes sexual contact, pursuant to Code section 2960.1.

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1 competence, or effectiveness in performing his or her functions as a psychologist, or otherwise
2 risks exploitation or harm to the person with whom the professional relationship exists.

3 86. *Ethical Principles of Psychologists and Code of Conduct*, Section 3.08 Exploitative
4 Relationships, requires that a psychologist does not exploit a person over whom they have
5 supervisory, evaluative or other authority such as clients/patients.

6 87. Respondent's boundary violations with Patient 1 which included Respondent's
7 exploitive behavior with a patient which included Respondent's disclosure of personal and
8 intimate details of his sexual life to Patient 1, disclosure of his personal medical history,
9 Respondent's requests for gifts from Patient 1, Respondent's receipt of gifts from Patient 1,
10 Respondent's requests for referrals to people to provide services to Respondent, and
11 Respondent's agreement to supervise Patient 1 while she ran therapeutic groups while
12 Respondent was Patient 1's psychologist, constitutes multiple relationships, pursuant to pursuant
13 to Code section 2960.1.

14 **FOURTH CAUSE FOR DISCIPLINE**

15 (Failure to Maintain Adequate Treatment Records)

16 88. The American Psychological Association's *Ethical Principles of Psychologists and*
17 *Code of Conduct* (2002) and Amendments (2010 and 2017) set forth the relevant standard of care
18 and rules for the profession of psychology, and have been adopted by the Board.

19 89. Complainant refers to and, by this reference, incorporates herein, paragraphs 61-62,
20 above, as though fully set forth herein.

21 90. The *Ethical Principles of Psychologists and Code of Conduct*, Section 6.01,
22 referencing "Documentation of Professional and Scientific Work and Maintenance of Records,"
23 requires psychologists to create, maintain, disseminate, store, retain, and dispose of records
24 relating to their professional work, and Code section 2919, which requires a licensed psychologist
25 to retain a patient's health service records for a minimum of seven years from the patient's
26 discharge date, create legal and ethical obligations to maintain patient records.

27 91. Respondent's provision of Patient 1's entire chart and treatment notes of Patient 1's
28 approximately two years of therapy directly to the client without keeping a copy constitutes a

1 violation of his ethical duty to create, maintain, disseminate, store, retain, and dispose of records
2 relating to his professional work pursuant to Code section 2919.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 (Failure to Ethically Terminate Therapy)

5 92. The American Psychological Association's *Ethical Principles of Psychologists and*
6 *Code of Conduct* (2002) and Amendments (2010 and 2017) set forth the relevant standard of care
7 and rules for the profession of psychology, and have been adopted by the Board.

8 93. Complainant refers to and, by this reference, incorporates herein, paragraphs 64-71,
9 above, as though fully set forth herein.

10 94. The *Ethical Principles of Psychologists and Code of Conduct*, Section 10.10 requires
11 a therapist to ensure the process of terminating a patient's therapy is consistent with the patient's
12 best interest. The termination of therapy is considered a process rather than one specific event.
13 The therapist is ethically obligated to participate in pre-termination counseling before ending the
14 therapeutic relationship.

15 95. The *Ethical Principles of Psychologists and Code of Conduct*, Section 3.10,
16 referencing informed consent, requires that during the process of terminating therapy the therapist
17 use language that is reasonably understandable to the patient in order to communicate with the
18 patient.

19 96. Respondent's process of termination of Patient 1's therapy which included
20 Respondent's terminating therapy with no previous discussion with Patient 1, the failure to use
21 language that was reasonably understandable to communicate with Patient 1 regarding the
22 termination process, failing to provide pre-termination counseling, and Respondent's failure to
23 properly document Patient 1's termination constitutes a violation of his ethical duty regarding
24 termination of therapy pursuant to Code section 2936.

25 **SIXTH CAUSE FOR DISCIPLINE**

26 (Gross and Repeated Negligence)

27 97. Respondent is subject to disciplinary action under Code section 2960, subdivisions (j)
28 and (r), in that he was grossly and repeatedly negligent in his treatment of Patient 1.

1 98. Complainant refers to and, by this reference, incorporates herein, paragraphs 28-96,
2 above, as though fully set forth herein.

3 99. Respondent's violation of *Ethical Principles of Psychologists and Code of Conduct*,
4 Section 10.05 by repeated conduct with Patient 1 which included hugs, pressing his erect penis
5 against Patient 1, requests for Patient 1 to show him her lingerie, kissing Patient 1's hair, and
6 placing his hand under Patient 1's blouse constitutes sexual exploitation of a patient and is an
7 extreme departure from the standard of care.

8 100. Respondent's violation of *Ethical Principles of Psychologists and Code of Conduct*,
9 Section 10.05 by repeated conduct with Patient 1 which included hugs, pressing his erect penis
10 against Patient 1, requests for Patient 1 to show him her lingerie, kissing Patient 1's hair, and
11 placing his hand under Patient 1's blouse constitutes sexual contact and is an extreme departure
12 from the standard of care.

13 101. Respondent's violation of *Ethical Principles of Psychologists and Code of Conduct*,
14 Section 3.05 resulting from his boundary violations with Patient 1 which included Respondent's
15 disclosure of personal and intimate details of his sexual life to Patient 1, disclosure of his personal
16 medical history, Respondent's requests for gifts from Patient 1, Respondent's receipt of gifts from
17 Patient 1, Respondent's requests for referrals to people to provide services to Respondent, and
18 Respondent's agreement to supervise Patient 1 while she ran therapeutic groups while
19 Respondent was Patient 1's psychologist, constitutes multiple relationships, and is an extreme
20 departure from the standard of care.

21 102. Respondent's violation of *Ethical Principles of Psychologists and Code of Conduct*,
22 Section 10.10, resulting from Respondent's process of termination of Patient 1's therapy which
23 included Respondent's terminating therapy with no previous discussion with Patient 1, no
24 informed consent, failing to provide pre-termination counseling, and Respondent's failure to
25 properly document Patient 1's termination constitutes a violation of his ethical duty regarding
26 termination of therapy, and is an extreme departure from the standard of care.

27 103. Respondent's violation of *Ethical Principles of Psychologists and Code of Conduct*,
28 Section 6.01, resulting from Respondent's provision of Patient 1's entire chart and treatment

1 notes of Patient 1's approximately two years of therapy directly to the client without keeping a
2 copy constitutes a violation of his ethical duty to create, maintain, disseminate, store, retain, and
3 dispose of records relating to his professional work, is an extreme departure from the standard of
4 care.

5 **SEVENTH CAUSE FOR DISCIPLINE**

6 (General Unprofessional Conduct)

7 104. Respondent is subject to disciplinary action under Code section 2960 in that he
8 engaged in unprofessional conduct. The circumstances are as follows:

9 105. The allegations in the First through Sixth Causes for Discipline in paragraphs 28-103,
10 above, are incorporated herein by reference as if fully set forth.

11 **PRAYER**

12 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged
13 and that following the hearing, the Board of Psychology issue a decision:

14 1. Revoking or suspending Psychologist License Number PSY 22613, issued to
15 DONALD M. GOODMAN, Ph.D.;

16 2. Ordering DONALD M. GOODMAN to pay the Board of Psychology the reasonable
17 costs of the investigation and enforcement of this case and, if placed on probation, the costs of
18 probation monitoring; and

19 3. Taking such other and further action as deemed necessary and proper.

20
21 DATED: August 9, 2023



22 ANTONETTE SORRICK
23 Executive Officer
24 Board of Psychology
25 Department of Consumer Affairs
26 State of California

27 *Complainant*

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